



State of Tennessee  
Board of Architectural and Engineering Examiners  
Department of Commerce and Insurance  
500 James Robertson Parkway, Third Floor  
Nashville, Tennessee 37243-1142

## APPLICATION TO ADD AN EXAM DISCIPLINE (PE)

**NOTE** — This application is to be used only by registered engineers wishing to take an examination in an additional discipline; it should not be used by applicants for registration by examination.

To sit for the Structural II Examination, you must already hold engineering registration either by passing the NCEES Principles and Practice of Civil Engineering Exam and/or the Structural I Exam.

**DEADLINE** — Request must be received in the Board office by August 1 for the October exam and February 1 for the April exam.

**STRUCTURAL II EXAM FEE — \$735    OTHER EXAM DISCIPLINES — \$245**

*Type or print legibly*

Full Name \_\_\_\_\_  
Last First Middle

Tennessee Registration No. \_\_\_\_\_ Date of Application \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residence Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Residence Phone No. \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Position \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address for Correspondence:    ☐ Business    ☐ Residence

I wish to be examined in the discipline of \_\_\_\_\_ on \_\_\_\_\_  
at \_\_\_\_\_ Date

Exam Location

Emergency Contact (name and phone number): \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Name and Address of Institution	Attendance (From - To)	Date of Graduation	Major Course	Degree Received
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**PROFESSIONAL ENGINEERING EXAMS**

List all professional engineering exams that you have passed (exam discipline, state, year):

**EXPERIENCE**

List each engagement in chronological order beginning with first engagement after initial registration. Provide detailed information of experience on engineering design projects to enable evaluation of your experience since registration. Attach additional sheets if necessary.

Dates of Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor

Signature \_\_\_\_\_

**(For Board use only– Please do not write below this line.)**

Board Review – Examination			
Board Member	Date	Aprvd	Dis-aprvd